

Needs Assessment:

The Nature and Extent of
Substance Abuse in the city of Newark

Conducted by the RAND Corporation
Commissioned by Newark Fighting Back*

*A Division of the Boys' and Girls' Club of Newark

SUMMARY:

RAND NEEDS ASSESSMENT¹

INTRODUCTION

In 1989, the Boys' and Girls' Clubs of Newark, along with similar agencies in 14 other cities, was awarded a 2-year planning grant under the auspices of the Robert Wood Johnson Foundation's Fighting Back Program. The purpose of the grant was to develop a comprehensive community plan designed to reduce the demand for illicit drugs and alcohol. One of RWJ's requirements for subsequent funding was a clear documentation of the city's current drug problems and efforts to deal with them.

In December of 1990, the Boys' and Girls' Clubs of Newark commissioned RAND to perform a "needs assessment" to support their Fighting Back planning effort. The needs assessment includes an analysis of various measures that reflect the nature and extent of drug problems in Newark, and their impact on the community. It also contains information on the nature of drug markets and drug dealing in Newark, obtained from interviews with drug dealers, and from analysis of police and court data regarding the characteristics and disposition of a sample of adults arrested for selling drugs in Newark. The report further describes the number, characteristics and utilization of programs currently available within the city for the treatment and/or prevention of drug use and concludes with a number of recommendations for dealing with substance abuse problems in Newark. This document is a summary of the completed RAND needs assessment.

¹This document is excerpted from the working draft of the RAND Needs Assessment of the city of Newark.

OVERVIEW

Newark is the largest city in New Jersey with 275,221 residents (according to preliminary 1990 census figures) which, compared to other cities, is disproportionately poor, black, and residing in single parent, female-headed households.²

The census figures show the city of Newark at 52.2 percent female in 1990. About thirty percent of the city's population is under eighteen years old, and nine percent is 65 and older. According to the 1990 Census, the school-age population of Newark live in a variety of household types with only about one-third living in married couple households. Forty-four percent live in single parent households. Seventeen percent live with relatives other than parents, and another four percent live in group-quarters or with non-relatives.

Employment and Income

The national economic recession has significantly impacted employment in the Newark metropolitan area. African-Americans and Hispanics who together comprise approximately 82 percent of Newark's population have experienced the greatest recent increases in unemployment.³ In addition, the prospects for growth in employment in the Newark region is lower than elsewhere in New Jersey. An analysis of the Newark labor market area produced by the Newark Mayor's Office of Employment and Training in October 1990, reported the expectation of increased jobs in construction in the short-term, but suggested that the greatest growth is to be expected in areas such as health services which typically require extensive

²African-Americans are 58 percent of the total population of Newark, while people of Hispanic origin make up 26.1 percent.

³In 1990 African-Americans had an unemployment rate of 12.2 percent and Hispanics had an unemployment rate of 9.1 percent, as opposed to Whites, whose unemployment rate was 4.8 percent.

education and technical training of employees. Several industries, which require lower skills, are expected to continue to decline in Newark.

The high rates of unemployment and low skilled jobs held by many Newark residents combine to produce extremely low levels of per capita income in Newark. The most recent income data of 1987 shows Newark's per capita income of \$7,622 among the absolute lowest for urban places in the U.S. This low level of income makes one-third of Newark's population eligible for Medicaid, and almost 30 percent receiving aid to dependent children. Compared to other similar cities Newark has a high percentage of its population living below the poverty level and in single parent households.⁴

The Fighting Back Target Neighborhood

Most of Newark Fighting Back's project efforts during the past eighteen months have been directed toward the problems of citizens residing within a neighborhood comprised of an approximately 72-square block area centered on the intersection of Spruce and Martin Luther King Boulevard in the city's Central Ward. This target neighborhood exhibits many of the city's problems in their most acute form.

The preliminary 1990 census data on total population by census block estimates a total population of 15,875, 6 percent of the city's total.⁵ The neighborhood is predominately black, with only 2 percent of households occupied by whites and only 4 percent of households of

⁴Over 30 percent of Newark's population lives below the poverty line and approximately 25 percent live in single parent households.

⁵Data gathered subsequent to the release of the Rand report indicates that the population of the target neighborhood is approximately 29,500, about 10.7 percent of Newark's total population.

Hispanic origin. The neighborhood has experienced a rate of population decline that exceeds that of the city of Newark, declining by about 40 percent over the past decade. Much of the decline is due to the demolition of high-rise public housing buildings in the area and relocation of public housing residents during building renovation.

The target neighborhood was previously among the most exclusive in Newark but presently this area is among the poorest and least advantaged in the city. Much of the housing is old, including multi-story and single family buildings. Two major high-rise public housing projects are located in the neighborhood as well as a large number of HUD Section 8 subsidized housing units. Other housing includes newer public housing low-rises, town-house developments, and a large low-rise cooperative known as High Park Gardens. There are several vacant lots throughout the neighborhood, with the strongest concentrated near Stella Wright and Edward Scudder public housing projects. About 14 of the 67 blocks in the area are totally vacant.

The area contains very little commercial development except on the Clinton Avenue boundary. There is only one large business in the area, the Star-Ledger newspaper facility.

TRENDS IN SUBSTANCE ABUSE INDICATORS

The most direct measures of substance abuse within a given population are derived from households or other special population surveys (high schools students) and/or random drug testing (arrestees, job applicants, etc). No such data is available for Newark, although there is a substance abuse survey data for high school students across the entire state; thus, there are no available data for directly measuring the prevalence or extent of illegal substance abuse among

the general population.

To arrive at some idea of the nature and extent of substance abuse in the community, one must rely primarily on indirect measures or indicators of drug abuse problems and consequences. Fortunately a number of hospitals in Newark do participate in the Drug Abuse Warning Network, which collects data on drug related deaths and emergency room episodes. The city is also one of several municipalities around the country that participates in the Community Epidemiology Working Group (CEWG) which produces regular summaries of the patterns of drug use in each of the participating cities. These two sources, along with data on drug arrests (provided by the Newark Police Department) and individuals participating in treatment (provided by the program providers) were used to describe the nature of the city's substance abuse problems, which are highlighted below.

Drug Abuse Warning Network

The Drug Abuse Warning Network (DAWN) is a federally sponsored data base containing information on emergency room (ER) episodes related to drug abuse and on drug related deaths as reported by county medical examiners. Recent data (July 1989 to September 1990) show that on a per capita basis the number of ER episodes associated with cocaine and heroin abuse in Newark has consistently exceeded that of Chicago, New York, Los Angeles, and Washington, D.C. During the third quarter of 1989 and the second quarter of 1990, Newark had twice as many heroin related episodes per hundred thousand population as the next highest metropolitan area.

While the number of emergency room drug episodes experienced within the greater Newark metropolitan region declined substantially between the fourth quarters of 1988 and 1989,

as they did in the nation as a whole, the number of drug episodes experienced by Newark residents increased by 11 percent.

Between January 1987 and December 1989, the drugs contributing to the largest increase in ER episodes in Newark were cocaine and heroin, often used in combination. The frequency of episodes involving heroine increased by 50 percent between 1988 and 1989. The number of episodes involving residents from the target neighborhood declined between 1988 and 1989, while the number from the rest of the city increased.

With regard to age and sex, the ER data show some statistically significant differences between the target neighborhood and the rest of the city. For example, in the target neighborhood, half of the people in their twenties who were involved in cocaine ER episodes were female; in the rest of the city, females in their twenties accounted for only about 35 percent of the total cocaine episodes.⁶ The ER heroin caseload from the target neighborhood was older than that from elsewhere in the city. More than one third of the men were over 40, and 88 percent were over 30. In the rest of the city, only 20 percent of the cases were over 40 and almost 30 percent were under 30.

Overall the DAWN Emergency Room data, for the period from 1987 - 1989, show a consistent pattern of increasing drug episodes, heavy involvement of females, and a rapid increase in the number of heroin episodes. These trends are also suggested by arrest data from

⁶Previous census data have shown the neighborhood's population over 15 years old to be 60 percent female, many of whom are unemployed. Fifty-four percent of Newark's emergency room episodes relating to cocaine abuse involved residents of three zip codes, one being that of the target neighborhood, even though the population of this area represents only 26 percent of the city's total. Emergency room patients from this area appear to have severe, chronic problems of heroin abuse.

the Newark Police Department.

During 1990 the Newark Police Department arrested 5,268 adults and 906 juveniles for violations of narcotic laws. Arrests for drug *possession* in the city increased by almost 24 percent the second half of 1989 and the second half of 1990, a period when enforcement efforts were also increasing. The fraction of cases involving heroin increased from 12.5 to 20.7 percent. Within the target neighborhood the fraction of cases involving heroin increased by more than 300 percent.

Arrests for drug *sales* within the city held about constant between the two years. However, the percentage of cases involving heroin increased from 15.5 to 25.5 in the city and from 17.8 to 36.4 in the target neighborhood.

Most of the arrestees were male in their twenties. The percentage of females arrested in the sectors that included the target neighborhood was somewhat higher than the rest of the city. This was especially the case for sales, where 20 percent of the arrests in the target area were females, versus 12 percent in the rest of the city. This difference may reflect the greater percentage of females in the population in that part of the city or perhaps special enforcement activity at the time.

With regard to drug related deaths, the zip codes of decedents are missing from the DAWN data for Newark cases for the years 1987 through 1989; thus, the following statistics are based on data from the greater metropolitan area, which has experienced considerable reduction in drug emergency room episodes in recent years compared to the city of Newark and the target area.

The number of drug related deaths within the greater metropolitan area began to decline

in 1989, with a total of 177 deaths that year from all drugs, down 19 percent from 1988 and 40 percent from 1987. Most decedents in 1989, as in previous years, were black, male and over 30 years old. Multiple drugs or a single drug used in combination with alcohol were present in 75 percent of the deaths. Cocaine was involved in over 80 percent of the cases in 1989. If deaths from AIDS among intravenous drug users and drug related homicides were included, the number of deaths would double.

Substance Abuse Treatment Population

The New Jersey Department of Health maintains a statewide episode-based data system on drug treatment center admissions. This system contains information on demographic and social characteristics of treatment clientele, their drug use history, and drug use characteristics at admission. Information on treatment admissions, summarized, below, is from this data system and describes Essex County residents admitted to treatment between January and June of 1990.⁷

The majority of Essex County admissions are from Newark and are in treatment centers located in Newark.⁸ In November 1990, 55 percent of the clientele in publicly funded substance abuse treatment were admitted for heroin and other opiates; 30 percent were admitted for

⁷It is important to note that this information describes only the treatment population, not the population of drug abusers in need of treatment. The characteristics of those in treatment reflect the availability of treatment services in the community. For example, methadone maintenance facilities can serve larger populations than residential rehab facilities. The former serve heroin users exclusively and drive up the number of heroin treatment admissions.

⁸J. Farrell, NJ Division of Alcoholism and Drug Abuse, presentation to Fighting Back Substance Abuse Committee, 2/4/91.

cocaine, 3 percent for alcohol, and 8 percent for other drugs. The December 1990 CEWG report for Newark showed that among the treatment admissions between January and June of 1990, 73 percent had used heroin and 59 percent had used cocaine.

Thirty-eight percent of cocaine and 36 percent of heroin admissions were female and among cocaine admissions, 75 percent were black, 15 percent Hispanic and 10 percent white. A slightly higher percentage of heroin admissions were Hispanic, about one-fifth.

Most women reported smoking cocaine, while the predominant route of administration for men was snorting. Seven percent of cocaine admissions reported IV drug use, while 65 percent of heroin cases were intravenous users. According to the CEWG report, the rate of IV use is down as higher purity of heroin and fear of AIDS makes snorting heroin an attractive alternative route of administration. The continued IV drug users tend to be older while younger users tend to snort the drug.

About half of those admitted to treatment for both cocaine and heroin had not completed high school. Cocaine admissions were more likely to have been arrested, especially since criminal justice system diversions to treatment have been increasing.

DRUG MARKETS AND DRUG DEALING IN NEWARK

To ascertain the character and pattern of drug dealing within Newark, and the characteristics of the dealers themselves, RAND conducted extensive interviews with 15 young men and women recently involved in drug selling in Newark. Also, since prior record and case disposition provide two important measures of a jurisdiction's drug marketing system and how it is being dealt with, RAND selected a sample of adults arrested by the Newark Police

Department and obtained information for the Essex County Prosecutor on the disposition of these arrest.

Interviews with Drug Sellers

All of the respondents, who at the time of the interview were in a juvenile corrections facility or on probation, were younger than 26 years old. About half the respondents were working or had worked recently, but their attachments to the labor force were weak. Most had no education beyond high school. Most of the males had prior drug arrests.

"Easy money" was the motivation for getting into drug selling. Typical gross income estimates ranged from \$300 to \$1200 per day, with a median of \$800. This probably represents incomes (untaxed) of about \$35-50 per hour, or \$400 per day worked. Most were careful to avoid excessive drug use, although alcohol use was common to all sellers, but at low frequencies.

In contrast to the street markets in New York City neighborhoods, drug selling in Newark lacks formal organization; it is highly decentralized and entrepreneurial. There is little wholesale dealing. Young men who wish to enter the trade can set themselves up by purchasing small quantities of cocaine "wholesale" on the streets corners or in parks in Newark, in just a few days.

Cocaine is the most widely sold drug, and sellers depend on New York City suppliers for their product. Drug buyers seem to represent a wide cross-section of working people in Newark -- men and women, young and old, and from all social classes. Regular buyers generate the bulk of sellers' drug income.

The respondents reported that the risk of violence was considerable. Newark's cocaine

market has spawned a secondary and apparently more violent robbery industry of "stick-up boys": small crews of young men who specialize in robbing drug dealers. Most of the sellers had been robbed of their money or drugs at one time or another.

Case Analysis

Our sample of arrested sellers consisted of 185 adults arrested for "selling drugs" or "possession with intent to sell" between July and December 1989. Sixty-five percent of the sample had prior adult arrests in New Jersey for drug offenses. Fifty-five percent had been arrested by Newark police for narcotic violations.

Citywide about half (54 percent) of those arrested were convicted of a felony, and 32 percent received a prison term. Arrestees from the target neighborhood were less likely to be convicted (one-third) or sent to prison if they were. The average prison term received was 48 months citywide and 43 months for those arrested from the target neighborhood.

ARRESTS AND DISPOSITIONS FOR POSSESSION AND SALES IN NEWARK

The Newark Police Department made available to the RAND researchers its Narcotics Bureau database which contains information on all adult arrests for narcotics offenses made by the Newark Police Department. The database includes information on the specific drug involved, the location of arrest and the address of the arrestee.

Adults. In 1990 arrests of adults for drug violations increased by 15 percent over 1989, to a total of 5,268 - 2,824 for sales and 2,444 for possession. Arrests for sales were up by nine percent while arrests for possession increased by 20 percent. Females make up a slightly larger percent of the total adults arrested, 12 percent, than they do of the juveniles. Drug arrests accounted for 22 percent of all adult arrests in Newark in 1990, and 18 percent accounted for

all female arrests. Females were somewhat more likely than males to be arrested for sales rather than possession, with 63 percent of their arrests being for sales versus 52 percent of male arrests.

The most interesting difference between males and females is their age distribution. For males the peak age of arrest is 18, after which the numbers arrested decline in each age group. For females there is also a peak at age 18, but then the number declines, only to increase again among females in their early 20s to another peak at age 24. The percentage of males under 20 is double that for females for both sales and possession arrests. While fifty percent of the males arrested are under age 25, only 34 percent of the females are in this younger group. But arrests of females in their late twenties and thirties is at a rate higher than that for males in the same ages. While the number of females arrested in each age group are quite small and more subject to variability, we do see the same pattern for sales and possession in 1989 as well as 1990. The difference may be due to different motivations for drug dealing among males and females (perhaps as they become older, men begin to recruit women, with whom they are involved, to work for them or to obtain drugs for them -- as reported by one dealer interviewed) or to differences in law enforcement practices. The mostly male drug dealers interviewed reported that most dealers like themselves were young and male but the data suggest that more information is needed about the career paths of women involved in drugs, and the criminal justice system particularly, since the research showed a relatively large number of female dealers in the target neighborhood.

Juveniles. During 1990 the Newark Police Department made 906 arrests of juveniles for narcotic law violations, a decrease of six percent from the previous year. Possession arrests

actually increased by 14 percent between 1989 and 1990, but drug sales arrests declined by 21 percent.

Ninety-four percent of the total arrested were males. Drug arrests accounted for 22 percent of all arrests of juveniles in Newark in 1990, but among the small number of females arrested for narcotics violations, drug offenses were only 12 percent of all arrests. Among the drug arrests, 57 percent were for sales offenses and most sales, 87 percent, involved substances in the combined category of opium, cocaine, morphine, heroin, and codeine. Very few were for sales of marijuana. Among possession arrests marijuana accounted for 20 percent of the total and the combined cocaine/heroin category for 77 percent.

Few adolescents arrested (14 percent) were in the pre-adolescent or early adolescent ages. Not surprisingly, the arrest rate greatly increases with age for males. By fifteen, assuming each arrest involved a unique individual, one in seventeen males would be arrested during the year. By seventeen, the number arrested represents one in six 17 year old males among the population. Females, while many fewer in number, are more likely to be arrested under age 16.

Prosecution of Drug Arrests

Adults. Information about prosecution of drug offenders in Newark is contained within overall Essex County prosecution reports. In 1989 the office of the prosecutor reviewed about 25,000 arrests, filed charges in Superior Court in over 11,000 cases and disposed of cases against 7,000 defendants who had been indicted or had accusations filed in Superior Court. Just under half of the disposed, 3,295, were narcotics cases. The vast majority of narcotic dispositions were by guilty pleas to the offenses charged, 80 percent. Among the cases disposed the plea rate was somewhat lower at 68 percent. Fewer narcotics cases had trials - 5 percent

versus 7 percent and acceptances to diversion programs at this stage were 2 percent of narcotics cases and two percent among all cases disposed.

Juveniles. Data from the New Jersey Juvenile Commission on Newark shows that over the past three years approximately one fifth of all cases brought to court against juveniles have involve drug and alcohol offenses as the most serious offense in the case.⁹ In 1989, 1,110 cases, 18 percent of the total, involved drugs and/or alcohol. The disposition of drug cases is similar to that for all juvenile cases, with many diverted at initial filing into pre-adjudication diversion programs. The most common disposition among cases adjudicated in court is a probation term. In 1989, 26 percent of juvenile drug cases prosecuted received probation as the sentence and 17 percent received suspended DOC commitments and were placed on probation. Another 20 percent were placed into non-residential treatment and 17 percent formal continuances which involved no court supervision. Only 12 percent were committed to Department of Corrections institutions. At the DOC Juvenile Complex on December 31, 1989, 22 percent of the juveniles committed there were for narcotics violations.

CONSEQUENCES OF DRUG ABUSE PROBLEMS FOR THE COMMUNITY

In a recent telephone survey, 68 percent of the people interviewed in Newark agreed that drug dealing was a major problem. In the target neighborhood, a survey of tenants in a Section 8 apartment building showed that 88 percent of those surveyed believed that drug abuse was a problem of the highest priority. Unemployment was the only problem given higher priority.

The overall crime rate is also a serious problem. According to the Uniform Crime

⁹Other cases where the lead offense involved more serious charges might also have involved drugs, but these cannot be identified.

Reports compiled by the FBI, Newark has one of the highest crime rates per capita in the country, with 14,331 index offenses per 100,00 population reported in 1989, compared to a national average of 5,741. (Index offenses include murder, forcible rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft.)

The environment of crime, poverty, and drugs has had a strong negative effect on the city's youth. In 1988, 93 percent of the teenagers who gave birth were unwed mothers. These young women under 20 represented 15 percent of all live births in Newark. This is the highest rate of young mothers among the major cities in the country.

In a study of healthy adolescents 12-22 years old who were attending an inner city medical clinic in Newark between November 1987 and April 1988, researchers found a total lifetime prevalence rate for Major Depressive Disorder of 30 percent among those surveyed, many of whom reported recurrent episodes. The rate of stressful life events among the population surveyed was quite high, with 17 percent reporting that one or both parents had died, 50 percent reporting that they had witnessed violence, and 8 percent reporting that they had been a victim of sexual abuse.

School dropout rates are another indicator of the pressures and problems facing Newark's youth. While the available data do not allow precise estimates of dropout rates, after excluding those who transfer among school districts, they do facilitate rough estimates. For example, tracking the dropout rate from Newark high schools for an entering cohort in Fall 1986, and assuming the group remained within the Newark public school system, suggests that as many as 38 percent would have dropped out by June of 1990.

Health indicators also reflect a severe and impoverished environment. Among all of the

cities in New Jersey, Newark has the highest number of infant, neonatal, and post-neonatal deaths; the highest number of low-birthweight and births to adolescents; the highest number of adult and pediatric AIDS cases; and the highest number of clinically active tuberculosis cases and syphilis and gonorrhea cases.

Premature births (the incidence of both low birthweight and very low birthweight babies) increased dramatically between 1986 and 1989 as a result of insufficient prenatal care, high-risk pregnancies, and substance abuse, especially crack cocaine.

All of this has placed a tremendous strain on the city's clinics and emergency rooms. The problems are further compounded by a severe shortage of office-based primary care physicians. Seventy-four of ninety-six census tracts in Newark are designated as primary Health Manpower Shortage areas.

In sum, through any combination of economic, social, and health status indicators, Newark ranks as one of the most troubled communities in the country. If the condition of the city is measured by these indicators, then every child in Newark should be considered at risk.

SUBSTANCE ABUSE TREATMENT PROGRAMS

To develop a better understanding of the volume of treatment resources in Newark, as well as the characteristics of existing programs and whom they serve, we identified and conducted interviews with 23 organizations which appear to be major providers of treatment within the city through the 54 individuals programs which they administer. The most common type of program is the drug-free rehabilitation program, about half of which are residential (total capacity = ~700) and half are out-patient (total capacity = ~3,400). In addition, there are four intensive day programs (total capacity = ~165). There are also seven detox programs and two

methadone maintenance programs (total capacity = ~2,000) that primarily serve heroin users. The six aftercare/reentry programs in Newark have a combined capacity for about 400 clients.

The majority of the programs surveyed were restricted to certain groups (e.g. age, gender, special populations such as AIDS patients, criminal justice cases, Spanish speakers, pregnant, homeless, and mentally ill). There was only one special treatment program for the elderly and a very limited number of programs designed to accommodate women with young children.

Programs varied in terms of whether they were operating at, above, or below capacity and most share their capacity with non-Newark as well as Newark residents. Other than the Methadone programs, most did not specialize in substances, probably because of the high prevalence of polydrug use among their clientele.

Providers named inpatient detoxification, long-term residential rehabilitation and intensive day programs as the treatment environments/modalities that had the greatest need for increased capacity. They agreed that women, especially pregnant women, were the group in greatest need of increased substance abuse treatment services and medical care, AIDS counseling and child care were named most frequently as the most important targets for increased collateral services for the treatment population.

While providers had many perspectives on what created the greatest barriers to obtaining treatment, the majority agreed that the most important barrier was the lack of adequate funding for indigent care. Other important barriers named were the lack of outreach, especially identifying persons in need of treatment through the health, education, social service and criminal justice systems, and the logistical barriers that can present themselves in the course of

applying to obtain treatment.

Substance Abuse Prevention Programs

Drug education is taught from kindergarten through twelfth grade in the Newark public schools. However, no empirical evaluation of Newark's classroom-based prevention education has been conducted. In addition, many organizations in Newark sponsor substance abuse education, intervention, and referral, but these efforts are not well-coordinated on a citywide basis.

CONCLUSION

Urban poverty and its associated ills of low educational attainment, high unemployment, inadequate housing, and high crime rates have long been endemic in a significant segment of the Newark community. In recent years the problems of the chronic, long-term heroin users and the AIDS epidemic that has swept the country has added to the ills that plague the city and many of its citizens. According to the available indicators from law enforcement and emergency room episodes, the recent decline in drug use evident at the metropolitan level was not evident in the city itself. Rather, alarming increases in the extent of heroin availability and use during the past year, raise concerns that yet another dangerous epidemic may be in the making.

This data assembled for this study make it clear that many resources are already in place in Newark for dealing with the problems of substance abuse. But each of these, be it law enforcement activities, prevention or substance abuse treatment, is targeted at a single aspect of the multi-faceted problem. Further, little has existed by way of coordination of services from one system, such as criminal justice, to another, for example, the treatment system. In addition, as the treatment providers we interviewed made clear, there are far too few resources available

to meet the treatment and related needs of the indigent chronic substance abuser.

Our data also suggest that there is a great need for intervention with high risk groups such as school age youth and women of child bearing age, whose potential for extreme personal and social costs associated with substance abuse is greatest unless prevention and treatment resources are made available to them.

In Newark, the Fighting Back program has not taken a short-term view of the problems associated with substance abuse. Nor has it identified a single approach to fighting the problems, the weakness of many enforcement and treatment efforts of the past. Instead, NFB recognizes the association between the long existing problems of poverty, that have produced dysfunctional families and neighborhoods, and the added impact of drug and alcohol abuse. NFB, and the many agencies and organizations that it involves, is aimed at intervening in neighborhoods, in collaborating with government, and in assisting private organizations and neighborhood residents in coordinating and brokering resources that will strengthen families and neighborhoods and make them more drug resistant. This approach is intended to build on the enormous potential of its citizens, the array of well-run programs already in place, and the recent success in attracting a series of major residential, commercial and educational development projects that can be expected to exert a positive influence on neighborhoods.

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